

如需遞交填妥表格 When submitting this form:
請緊記簽署此表格 Please ensure that you have signed this form
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Sun Life Rainbow MPF Scheme 永明彩虹強積金計劃- LEAVING MEMBER NOTIFICATION 成員離職通知書

Name of Employer 僱主名稱 : _____ Employer Code 僱主編號 : _____

Reporting Center Number 隸屬中心編號 : _____

IMPORTANT NOTES 重要事項

If your company would like to apply for the refund of Long Service Payment (LSP)/Severance Payment (SP) paid to the relevant member, you **MUST** 如貴公司有已支付予有關成員之長期服務金/遣散費扣減退款申請, 閣下**必須**

1. Mark the LSP/ SP amount in the box below 於下方欄位填上長期服務金/ 遣散費金額; and 及

2. Submit the LSP/SP RECEIPT WITH MEMBER'S VALID SIGNATURE (which has to be same as The Administrator's record) 遞交有關成員簽署確認已收妥長期服務金/ 遣散費之收據, 成員簽名必須與計劃行政管理人之紀錄相符。

Please note that all applications for refund without LSP/SP receipt or without member's valid signature (the signature should be same as the record being kept by The Administrator) or submitted after the transfer/ withdrawal of the accrued benefit will not be accepted.

如有關申請未有附上有關成員之有效簽署(長期服務金/遣散費收據上之簽署應與計劃行政管理人之紀錄相符)以確認已收妥該等金額之收據, 或未能於該成員之累積權益轉移前提出申索, 或資料不全以及逾期者, 有關申請恕不接受。

Office Use Only 公司專用	Member Number 成員號碼	Member Name 成員姓名 (As per printed on HKID card) (以香港身份證上的姓名為準)	HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼	Last Date of Employment 最後受僱日期 (DD 日-MM 月-YYYY 年)	Reason for Termination ※離職原因	#Long Service/ Severance Payment Amount paid to the relevant member (if any) [MUST submit LSP/ SP receipt with member's valid signature]. #已支付予有關成員之長期服務金/ 遣散費金額(如有)[必須附上有關成員簽署確認已收妥該等金額之收據] (HK\$) (港幣)
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※ Reason for Termination 離職原因

1. Normal Retirement 正常退休
2. Early Retirement 提早退休
3. Death 身故
4. Total Incapacity 完全失去行為能力
5. Leaving Service (i.e. Resignation/ Termination) 離職(即辭職/終止受僱)
6. Lay off 遣散
7. Summary Dismissal 即時解僱
8. Intragroup Member Transfer 聯營機構間轉調

WE HEREBY CONFIRM THAT THE ABOVE DETAILS ARE TRUE AND CORRECT AND AGREE THAT WE SHALL BE LIABLE TO ANY INVESTMENT LOSS RESULTING FROM ANY SUBSEQUENT CHANGE OR WITHDRAWAL MADE TO THE ABOVE INSTRUCTION. WE ALSO UNDERSTAND THAT IT IS OUR RESPONSIBILITY TO MAKE CONTRIBUTIONS UP TO THE MEMBERS' LAST DAY OF EMPLOYMENT.

我們謹此確定以上資料皆真實正確及同意我們要負責所有因更改或取消以上資料所衍生之投資損失。我們亦明白需要支付成員的供款直至最後受僱日期。

Please confirm and sign below 請於下列確認並簽署:
Company Chop and Signature of the Employer(or signed by a duly authorised signatory) 公司蓋章及僱主簽署(或由授權人代行):
For and on behalf of the employer 代僱主

請簽署 Please Sign Here

Sign Date 簽署日期
(dd 日/mm 月/yyyy 年) _____ / _____ / _____

Please sign and return this page to the address stated below.請填妥及簽署此頁並寄回下列地址。

Please send the completed form to: Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited

22/F, China Resources Building, 26 Harbour Road, Wanchai, Hong Kong Tel 3183 1888 Fax 3183 1889

請將填妥表格交予: 永明彩虹強積金計劃行政管理人-卓譽金融服務有限公司
香港灣仔港灣道 26 號華潤大廈 22 樓 電話 3183 1888 傳真 3183 1889

Please do NOT send in this form twice; if faxing form, please keep the hard copy for your records.
請勿重複遞交相同表格; 如透過傳真遞交表格, 請保留正本以作記錄。

